761551N52A – SH-AD (11/90)

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: July 14, 2015

FROM: STEPHEN B. JOHNSON, COMMANDER
CENTRAL PATROL DIVISION

TO: PATRICK A. NELSON, CAPTAIN
LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:	FO2362406
Incident:	Force
Incident Date:	July 31, 2014
Unit:	Lancaster Station
Suspect:	Raymond Govea, M/H 02/14/86
Involved Employees:	Deputy Michael Courtial #[redacted] Deputy Jeremy Farley #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted]
EFRC Date:	July 9, 2015

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen B. Johnson, Ralph G. Ornelas and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC recommended that the Unit Commander conduct a tactical debriefing regarding the tactical deployment and assignment of roles during critical situations.

SBJ:JRB:jrb

761551N52A – SH-AD (11/90)

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: July 14, 2015

FROM: STEPHEN B. JOHNSON, COMMANDER
CENTRAL PATROL DIVISION

TO: PATRICK A. NELSON, CAPTAIN
LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:	FO2362406
Incident:	Force
Incident Date:	July 31, 2014
Unit:	Lancaster Station
Suspect:	Raymond Govea, M/H 02/14/86
Involved Employees:	Deputy Michael Courtial #[redacted] Deputy Jeremy Farley #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted] Deputy [redacted] #[redacted]
EFRC Date:	July 9, 2015

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen B. Johnson, Ralph G. Ornelas and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC recommended that the Unit Commander conduct a tactical debriefing regarding the tactical deployment and assignment of roles during critical situations.

SBJ:JRB:jrb

UNIT COMMANDER RESPONSE

1. Complete the form including the following signatures:
   a. All involved personnel
   b. Supervisors who advised involved personnel of the findings
   c. Unit Commander
2. If training was recommended for involved personnel, see "Training Attended" section.
3. Return this form to the Executive Force Review Committee sergeant at IAB.

Incident Date:	July 31, 2013	**Action Taken by Unit** (briefing, counseling, training, etc.)
Unit:	Lancaster	TACTICAL DEBRIEF OF INCIDENT CONDUCTED WITH INVOLVED PERSONNEL.
Incident:	Force	
File No.	FO2362406	
EFRC Date:	July 9, 2015	

The above case was heard at the Executive Force Review Committee and its results were

Signature	Print Name	Date	Supervisor's Signature
[redacted]	[redacted]	08-27-15	
[redacted]	[redacted]	08·28·15	
[redacted]	[redacted]	08-28-15	
	FARLEY JEREMY	08-30-15	
[redacted]		08/31/15	
	COURTIAL, MICHAEL	09/07/15	

Unit Commander's Signature:	**(See next page for signature)**	Date:	

Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature

Unit Commander's Signature:	[signature]	Date:	09/08/15

Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN: 014-13248-1137-146	Date: 07/31/14		Time: 2320
Location: [redacted] East Avenue, J8	City or Station: Lancaster		
Bureau/Station/Facility: North Patrol Division	Admin. Investigation: ○ YES ◉ NO		
Type of Force: Stunbag / Taser / Firm grip / Hobble, legs only / Handcuffing			
Incident Category: ○ 1 ○ 2 ◉ 3	Deputy Injury: ○ YES ◉ NO	Suspect Injury ◉ YES ○ NO	
☒ Call	☐ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: ◉ YES ○ NO	Person Notified: David Flores	Emp: [redacted]	IAB Roll Out ◉ YES ○ NO

Involved Employee

E1

Employee #: [redacted]	Last Name: Courtial	First Name: Michael	Middle I.: J.	Rank: DSG
Sex: ◉ M ○ F	Race: W	Height: 600	Weight: 275	Age: [redacted]
Shift: ◉ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): Unit 112			
Individual Force Used: Stunbag / Taser	○ Directed ○ Rescue ○ Medical Assist	Individual Category ○ 1 ◉ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #		

E2

Employee #: [redacted]	Last Name: Farley	First Name: Jeremy	Middle I.: E.	Rank: DSG
Sex: ◉ M ○ F	Race: W	Height: 507	Weight: 170	Age: [redacted]
Shift: ○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): Unit 112D			
Individual Force Used: Stunbag / Firm grip / Hobble	○ Directed ○ Rescue ○ Medical Assist	Individual Category ○ 1 ◉ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #		

E3

Employee #: [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle I.: [redacted]	Rank: DSG
Sex: ◉ M ○ F	Race: [redacted]	Height: [redacted]	Weight: [redacted]	Age: [redacted]
Shift: ○ EM ◉ Day ○ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: [redacted]	Work Assignment (Unit #, Module, etc.): [redacted]			
Individual Force Used: Stunbag / Firm grip / Handcuffing	○ Directed ○ Rescue ○ Medical Assist	Individual Category ○ 1 ◉ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #		

On Duty Supervisor ☐ Additional Involved Employees

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Dang	Luan	V.	SGT	YES ○ NO ◉	YES ○ NO ◉

Supervisor Completing Investigation

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Uribe	Jose	G.	SGT	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp #	Last Name	First Name	Middle I.	Rank
[redacted]	[redacted]	[redacted]	[redacted]	LT.

Lt. D. Flores (signature) — 04/17/15

Watch Commander / Supervising Lieutenant's **Signature**: Date — Copy Provided to Employee by: [redacted] Emp #:

Patrick A. Nelson

Unit Commander **(Print Name)** — Unit Commander's **Signature**: — Emp #: — Date

DISCOVERY Use Only
FO#

☒ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
SUSPECT INFORMATION

014 - 13248 - 1137 - 146

Suspect Information

S 1

Last Name: Govea	First Name: Ray	Middle Name: Ronnie	Armed? Select: Not Armed
AKA Last Name:	First Name:	Middle Name:	

Sex:	Race:	Age:	Height:	Weight	D.O.B:	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
◉ Male ○ Female	M	28	508	220	02/14/86		

Street Address: [redacted] City: [redacted] State & Zip Code: [redacted]

Booking #: 4048656 Primary Charge Code: 273.5(a) P.C. Secondary Charge Code: 69 P.C. [redacted] Criminal History

Treated on Scene? ○ YES ◉ NO Name: LAFD - Captain Pugh Unit: Engine #135 Phone #: 661-940-7700

Hospital Admission? ☒ Rec'd Treatment At: Antelope Hospital Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Doctor Jawad Bermani Address: 1600 W. Avenue J, Lancaster 93534 Phone #: (661) 949-5000

Under Influence: ○ YES ◉ NO Substance: 5150 a factor in force? ○ YES ◉ NO User's guide provides direction on this entry

Date: 08/01/14 Time: 0724 ☒ Audiotape: ☐ Videotape: ☒ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S __

Last Name:	First Name:	Middle Name:	Armed? Select:
AKA Last Name:	First Name:	Middle Name:	

Sex:	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S __

Last Name:	First Name:	Middle Name:	Armed? Select:
AKA Last Name:	First Name:	Middle Name:	

Sex:	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Carter	Ronald	T.

Unit of Assignment	Work Assignment (Unit #, Module, etc.)	Shift	Status
Lancaster Station	Unit 112	◉ EM ○ Day ○ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Esswein	Jeremy	M.

Unit of Assignment	Work Assignment (Unit #, Module, etc.)	Shift	Status
Lancaster Station	112D	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Tanner	Aaron	D.

Unit of Assignment	Work Assignment (Unit #, Module, etc.)	Shift	Status
Lancaster Station	112G	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]		[redacted]	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☒ **Additional Witness**

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation

014 - 13248 - 1137 - 146

Involved Employee

E 4

E[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG

Sex: (•) M ( ) F	Race: W	Height: 508	Weight: 210	Age: [redacted]	Shift: ( ) EM ( ) Day (•) PM	(•) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): Unit 112G

Individual Force Used: Firm grip	( ) Directed ( ) Rescue ( ) Medical Assist	Individual Category (•) 1 ( ) 2 ( ) 3
[ ] Injured [ ] Treated [ ] Admitted Facility: ______		Coroner Case #

E 5

E[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG

Sex: (•) M ( ) F	Race: W	Height: 509	Weight: 170	Age: [redacted]	Shift: (•) EM ( ) Day ( ) PM	(•) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): Unit 112T2

Individual Force Used: Firm grip	( ) Directed ( ) Rescue ( ) Medical Assist	Individual Category (•) 1 ( ) 2 ( ) 3
[ ] Injured [ ] Treated [ ] Admitted Facility: ______		Coroner Case #

E 6

E[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG

Sex: ( ) M (•) F	Race: W	Height: 508	Weight: 175	Age: [redacted]	Shift: (•) EM ( ) Day ( ) PM	(•) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment: Lancaster Station	Work Assignment (Unit #, Module, etc.): Unit 111A

Individual Force Used: Hobble	( ) Directed ( ) Rescue ( ) Medical Assist	Individual Category (•) 1 ( ) 2 ( ) 3
[ ] Injured [ ] Treated [ ] Admitted Facility: ______		Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex: ( ) M ( ) F	Race:	Height:	Weight:	Age:	Shift: ( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):

Individual Force Used:	( ) Directed ( ) Rescue ( ) Medical Assist	Individual Category ( ) 1 ( ) 2 ( ) 3
[ ] Injured [ ] Treated [ ] Admitted Facility: ______		Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex: ( ) M ( ) F	Race:	Height:	Weight:	Age:	Shift: ( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):

Individual Force Used:	( ) Directed ( ) Rescue ( ) Medical Assist	Individual Category ( ) 1 ( ) 2 ( ) 3
[ ] Injured [ ] Treated [ ] Admitted Facility: ______		Coroner Case #

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

014 - 13248 - 1137 - 146

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Sherman	Sheldon	D.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	111T1	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Taylor	Andrew	M.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	111D	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Cisneros	Amos	A.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	112T1	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION

014 - 13248 - 1137 - 146

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Stogden	Alfonso	J.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	112B	○ EM ○ Day ● PM	● Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Martinez	Oscar	A.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	111T1	● EM ○ Day ○ PM	● Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	Dang	Luan	V.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station	110S	● EM ○ Day ○ PM	● Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Govea	S#1	Courtial	E#1	HR	NN	-----
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	BK
Govea	S#1	Farley	E#2	HR	NN	------
Farley	E#2	Govea	S#1	ST	AB	AD
Farley	E#2	Govea	S#1	ST	NN	------
Farley	E#2	Govea	S#1	ST	NN	------
Govea	S#1	[redacted]	E#3	HR	NN	------
[redacted]	E#3	Govea	S#1	ST	NN	------
[redacted]	E#3	Govea	S#1	ST	NN	------
[redacted]	E#3	Govea	S#1	ST	NN	------
[redacted]	E#3	Govea	S#1	ST	NN	------
Govea	S#1	Courtial	E#1	HR	NN	------
Courtial	E#1	Govea	S#1	TR	BU	BK
Govea	S#1	Farley/[redacted]	E#2 & 4	RS	NN	------
Farley/[redacted]	E#2 & 4	Govea	S#1	CT	NN	------
Govea	S#1	[redacted]	E#3, 5, 6	RS	NN	------
[redacted]	E#3 & 5	Govea	S#1	CT	NN	------
[redacted]	E#3	Govea	S#1	RH	NN	------